

**Texas Department of Criminal Justice
Request for Household Goods Move**

I. To be completed by employee requesting household goods move assistance:

Name: _____ Job Title: _____
Print: Last First MI
Month/Day of Birth: _____ Date of Hire: _____
(mm/dd) (mm/dd/yyyy)
Address: _____ City: _____ State: _____ Zip: _____
(Current Street Address)
Mailing Address: _____ City: _____ State: _____ Zip: _____
(If Different From Street Address)
Personal Telephone: () Current Unit/Department Location: _____
Area Code
Transferring To: _____ Reason: _____
(Unit/Department)
Future Street Address: _____ City: _____ State: _____ Zip: _____
(If Known)

Employee's Acknowledgement: I certify that I have read and am familiar with PD-61, "Household Goods Move," and that I am eligible for TDCJ assistance in moving household goods as provided for therein.

Employee's Signature

Date (mm/dd/yyyy)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

II. To be completed by the losing unit/department human resources representative:

- _____ A) Employee has at least six months of employment with the State of Texas.
_____ B) Employee meets the following criteria for ☐ reassignment **or** ☐ closing/reduction in force (check one).

Reassignment:

- _____ 1) Employee's reassignment is considered to be of a permanent nature.
_____ 2) Employee's reassignment is required by the TDCJ to meet staffing requirements.
_____ 3) Employee is being reassigned from one designated headquarters (to include a unit) to another designated headquarters of the TDCJ.
_____ 4) Employee's reassignment shall serve the best interests of the state.
_____ 5) Distance between the employee's current and future designated headquarters is at least 25 miles.

Closing/Reduction in Force:

- _____ 1) Employee is employed at a unit/office that is being closed or undergoing a reduction in force.
_____ 2) Employee has accepted a position at another designated headquarters that is at least 25 miles from the unit/office being closed or undergoing a reduction in force.

I certify that this employee ☐ meets ☐ does not meet (check one) the eligibility criteria for TDCJ assistance in moving household goods.

Print Name: Last First MI Telephone No.: ()
Area Code

Signature Date (mm/dd/yyyy) Fax No.: ()
Area Code

If all eligibility criteria is met, forward to the appropriate division director or designee. If all eligibility criteria is not met, return to requesting employee.

III. Division Director or Designee (from the losing division if new position is with a different division):

Request For Household Goods Move Using State-Owned Transportation Assets is: ☐ Approved ☐ Disapproved

Reason for Disapproval: _____

Print Name: Last First MI Signature Date (mm/dd/yyyy)

IV. Manufacturing and Logistics Director or Designee:

Request For Household Goods Move Using State-Owned Transportation Assets is: ☐ Approved ☐ Disapproved

Reason for disapproval: _____

Print Name

Signature

Date (mm/dd/yyyy)

DISTRIBUTION AFTER COMPLETION BY THE DIRECTOR FOR MANUFACTURING AND LOGISTICS:

Original: Director for Manufacturing and Logistics

Copy: Losing HR Representative (to provide one copy to requesting employee and place one copy in the employee's Unit/Department Human Resources File - Miscellaneous Section)